

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/017955**
APPLICANT(S) **May**

FILING DATE

10-15-04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		/		/		/
6		/		/		/
7		/		/		/
8		/		/		/
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30		/		/		/
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45		/		/		/
46		/		/		/
47		/		/		/
48		/		/		/
49		/		/		/
50		/		/		/
TOTAL IND.	1	1	2	1		
TOTAL DEP.	2		45			
TOTAL CLAIMS	9		47			

	*		*		* 1075-04	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						/
52						/
53						/
54						/
55						/
56						/
57						/
58						/
59						/
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91						/
92						/
93						/
94						/
95						/
96						/
97						/
98						/
99						/
100						/
TOTAL IND.					1	
TOTAL DEP.					24	
TOTAL CLAIMS					25	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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